MULTIPLE D. DENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 90/534602

CI	JAI	MS
----	-----	----

<u> </u>						(CLAIMS							
	<u> </u>	AS FILED		AFTER 1 AMENDMENT		TER INDMENT			AS FILED		AFTER		AFTER	
 	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP
1 2		 , 	 			ļ		51						221
3		 /		 -				52						
4		1						3						
5								5						
6		/						6						
7							5							
8		1					5							
10		- /					5							
11		-					6							
12	_						6							
13							63							
14							64							
15						$\overline{}$	65							
16							66							
17							67							
18 19	++						68							
20	1				—— <u> </u>		69							
21	1						70							
22	1						71 72	-						
23							73							
24							74	\dashv						
25							75	7						\dashv
26	- -						76							
27 28	-{						77							
29				 			78	- -						
30							79 80	- -						
31							81	+-				}		[
32							82	1-			- -			\dashv
33							83							-
34	 						84							$\neg \neg$
35 36							85	- -						
30	 		—— —				86	 -						
38	1		 -				87 88	╂				·		—
39							89	1-						—
40							90	1					-	\dashv
41							91							_
42	!				_		92							
43	 -						93	-					$-\bot$	
45		 -					94	╂—	-+	-				_
46							95 96	╂┈						
47			-+				97	1-			 	-	-	\dashv
48							98	1			$\neg + \neg$			\dashv
49							99							
50	 	-					100							\Box
TAL IND.		▶ -		-			TOTAL IND	_			1	-		
TAL DEP	4				<u>+</u>		TOTAL DEP		+				-	
TADES	1/)	(i)					TOTAL CLAIMS							
TO-1344	U.S. DEPARTMENT of COMMERCE Patent and Trademark Office													